#### Page 1 of 17

### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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BRISTOL, CT

		<u> </u>	<b>V I C</b>	KIAGE					
1. NAME OF COMMITTEE						ومفكي في الحال أن التوار		2 4	
Dante For Bristol									
2. TREASURER NAME									
First		MI		Last					Suffix
Carmen		М		Bligh					
3. TREASURER ADDRESS									
Street Address			City			State	1	de	
21 Aspen Rise			Eas	st Granby		СТ		0602	26
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple	te only	if Candidate Committee)			6. D	ISTR	ICT NUMBER
(mm/dd/yyyy)							(if app	licable)	
11/05/2019	Mayor								-,
7. CANDIDATE NAME (Complete only if	Candidate or Explorator		<u> </u>					· · ·	
First		MI		Last					Suffix
Dante	***************************************	Α		Tagariello		·			
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	7th day preced	ling primar	у	7th day preceding referendum		nitial Cont		on or	Disbursement
April 10 filing	O30 days following primary O45 days following referendum Amendme				Amendmen	nt to			
July 10 filing	O7th day preceding election Deficit Type				ype of Rep	rpe of Report:			
October 10 filing	12th day prece (State Central Con								
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	_	n						
9. PERIOD COVERED									
	Beginning Dat	te		Ending Date					
	07/01/2019		_	thru 09/30/2019					
10. CERTIFICATION									
I hereby certify and state, under position of the permitted permitted by the permitted permitted by the permitted permitted by the permitted permitted by the p	eriod covered is to		rate Carı	all of the information set forth on th and complete. men M. Bligh IT NAME OF SIGNER	nis <b>Ite</b> i	mized Car	mpaig	g <b>n Fi</b> l	nance
								: :	
A narson who is	found to have by	owingly a	nd w	illfully violated any provisions of th	o cam	naian fine	nce	staten	tos
in person who is				nalty or imprisonment or both.	c cum	paignjine	ince i	,	CB

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Dante for Bristol	TYPE OF REPORT October 10 Filing					
Durite for Briston	COLUMN A This Period	COLUMN B Aggregate				
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00				
12. Balance on hand at the beginning of Reporting Period	\$7,260.03					
13. Contributions Received from Individuals (Sections A and B)	\$4,045.00	\$13,779.00				
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00				
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$21.00				
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00				
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed						
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4,045.00	\$13,800.00				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$11,305.03	\$13,800.00				
19. Expenses Paid by Committee (Section P)	\$4,848.93	\$7,343.90				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$6,456.10	\$6,456.10				
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00				
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$225.00	\$1,449.19				
23. In-Kind Contributions Received (Section M)	\$70.48	\$2,820.85				
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00				
25. Loan Balance	\$0.00					
25a. + Loans Received (Section D)	\$0.00	\$0.00				
25b. + Interest and Penalties on Loan	\$0.00	\$0.00				
25c Payments on Loan	\$0.00	\$0.00				
25d. Total Outstanding Loan Amount	\$0.00					
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00				
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00				
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$11.99					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  T			TYPE OF REPORT					
Dante For Bristol			Octo	October10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ N/A					
B. Itemized Co	ntrib	outions from Indivi	duals					
Last Name	F	irst		**********			MI	
Kavanagh	1	Miriam						
Residential Street Address	City				State	Zip	Code	
105 High Street	Brist	tol			СТ	06	6010	
Principal Occupation		Name of Employer						
Receptionist		Gallery Salon						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  No  Yes  Is contributor a principal of a section L1?  If yes, indicate which brain of government the contract	nch or	branches	_	No No				
Method of Contribution:	21 15 WI	Date Received		te Contributions	_			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order		\$25.0					
Last Name		irst					MI	
Albert		Denise					IVII	
Residential Street Address	City				State	Zip	Code	
10 Palmetto Pl	•	rells Inlet			sc	1 ^	9576	
Principal Occupation		Name of Employer			l			
Retired		N/A						
	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which bra	nch or	branches	_	<b>⊘</b> No				
If yes, list Event # 1 of government the contract  Method of Contribution:	ct is wi	ith: Executive  Date Received		te Contributions	-			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	1	\$100					
Last Name	Fi	irst					MI	
Carrier	- 1	Francine					Н	
Residential Street Address	City				State	Zip	Code	
19 Winston Ct	Brist	tol			ст	0	6010	
Principal Occupation	L	Name of Employer			<u> </u>			
Assistant Manager		Carrier Group, Inc.						
	ributor a lobbyist, spouse, endent child of a lobbyist?  Yes No Ves does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality					, Amount of Contribution \$50.00		
event reported in Section L1? No If yes, indicate which bran	tion associated with an in Section L1?  Yes No Ves Is contributor a principal of a state contractor or prospective state contractor?  Yes No Ves If yes, indicate which branch or branches							
If yes, list Event # 1     of government the contract is with:     Executive     Legislative       Method of Contribution:     Date Received     Aggregate Contribution:					_			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 07/11/2019 \$550.00								
SUBTOTAL Section B — This Page \$125.00								
TOTAI	」 of a	dditional Section B P	Pages	\$3,920.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page	- 1	\$4,045.00				

## Section B ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT					
Dante For Bristol	October 10 filing	October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ILY N A \$ N/A						
B. Itemized Co	ntributions from l	<b>Individuals</b>					
Last Name	First		MI				
Carrier	Jake						
Residential Street Address	City		State Zip Code				
19 Winston Ct	Bristol		CT 06010				
Principal Occupation	Name of Employer						
Builder-Development	Carrier Grou	p, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution \$50.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1	nch or branches	tive state contractor? Yes No ecutive OLegislative					
Method of Contribution:	Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 07/11/2019	\$575.00					
Last Name	First		MI				
Haberfeld	David		J				
Residential Street Address	City		State Zip Code				
110 Divinity St	CT 06010						
Principal Occupation Name of Employer							
Real Estate	Haberfeld Er	nterprises LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	Amount of Contribution \$25.00						
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1  Section L1?  No  If yes, list Event # 1	nch or branches	ecutive State contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions	<b>-</b>				
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 07/11/2019	\$100.00					
Last Name	First		MI				
Martin	Henri		R				
Residential Street Address	City	NAMES AND ASSOCIATION OF THE PROPERTY OF THE P	State Zip Code				
7 Ipswitch Rd	Bristol	,	CT 06010				
Principal Occupation	Name of Employer						
Broker	Henri Martin	Real Estate					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a		y, Amount of Contribution \$50.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1 Section L1?  If yes, list Event # 1 Section L1?  If yes, list Event # 1 Section L1?	nch or branches	tive state contractor?  Yes  No  ecutive \( \bigcap \text{Legislative} \)					
Method of Contribution:	Aggregate Contributions						
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	\$150.00						
SUB7	TOTAL Section B -	- This Page \$125.00	,				
TOTAI	on B Pages \$3,920.00	\$ \$3,920.00					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sec 13, Column A of Summa						
12000 total on the	,	J - 1.30 2 0 1.11.5/					

# Section B ADDITIONAL PAGE 2 of 22

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE C	F REPORT			
Dante For Bristol				October 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ N/A					
	B. Itemized Co	ntribu	tions from Indivi	duals				
Last Name Malit		First Va	nessa				MI	
Residential Street Address		City				State	Zip Code	
40 Palmorr Place		Bristol				СТ	06010	
Principal Occupation		<u>'</u>	Name of Employer			l		
Surgeon			Bristol Multi Group	)				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, <b>Am</b> o	ount of Contribution	
	Yes No Is contributor a principal of a significant of government the contract	nch or bra		_	No			
Method of Contribution:			Date Received		e Contributions			
OCash Personal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	07/11/2019	\$80.0	0			
Last Name		First					MI	
Rackliffe		Da	vid				М	
Residential Street Address		City				State	Zip Code	
730 Lake Avenue		Bristol				CT	06010	
Principal Occupation		]	Name of Employer					
Retired			N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 1	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or br	anches	_	<b>⊙</b> No			
Method of Contribution:		]	Date Received	Aggregate	Contributions			
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	y Order	07/11/2019	\$475.	00			
Last Name		First		•			MI	
Lindsay		Sh	ari					
Residential Street Address		City				State	Zip Code	
81 Hickory Circle		Middle	etown			СТ	06457	
Principal Occupation			Name of Employer					
Call Center Manager			SSM					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2	Yes No Is contributor a principal of a   If yes, indicate which braid of government the contract	nch or br	anches	_	<b>O</b> No			
Method of Contribution:			Date Received	<del>,</del>	e Contributions	7		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order	07/21/2019	\$50.0	0			
	SUBT	TOTAL	Section B — This	Page	\$130.00			
	TOTAL	L of add	litional Section B I	Pages	\$3,915.00			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		/IDUALS (Sections A nn A of Summary Page		\$4,045.00			
						*****		

# Section B ADDITIONAL PAGE 3 of 22

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	<u> 1863 - 1</u>		TYPE	OF REPORT				
Dante For Bristol			October 10 filing					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$ N/	\$ N/A				
							•	
B. Itemized Co	ntrib	utions from Indivi	duals					
Last Name	Fir	rst					MI	
Skorupski	J	ordan						
Residential Street Address	City				State	Zip	Code	
305 Hickory Circle	Mido	dletown			СТ	06	6457	
Principal Occupation		Name of Employer						
Appraiser		Self-Employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or b	branches		No No				
Method of Contribution:		Date Received	Aggrega	te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	07/22/2019	\$25.0	00				
Last Name	Fir	rst					MI	
Skorupski	E	lliott						
Residential Street Address	City				State	Zip	Code	
305 Hickory Circle	Mido	dletown			ст	06	6457	
Principal Occupation		Name of Employer						
Server Associate		Marriott						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	pendent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution \$30.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Section L1?  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	anch or l	branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received	Aggrega	te Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	07/22/2019	\$30.0	00				
Last Name	Fir	rst		****			MI	
Skorupski	P	Pamela						
Residential Street Address	City				State	Zip	Code	
305 Hickory Circle	Midd	dletown			СТ	0	6457	
Principal Occupation	I	Name of Employer			L			
DJ & Photobooth		Self-employed						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						mount (	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes  Is contributor a principal of a   If yes, indicate which bra  of government the contra	nch or b	branches	_	ŎNo				
Method of Contribution:	15 **11.	Date Received		te Contributions	$\dashv$			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	07/25/2019	\$125					
SUB)	ГОТА	L Section B — This	Page	\$80.00				
		dditional Section B F		\$3,965.00				
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A	( + B)	\$4,045.00				
(Enter total on Line	13, Coli	umn A of Summary Page	ı otals)	7 .,0 15.00				

## Section B ADDITIONAL PAGE 4 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Dante For Bristol				October 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ N/	\$ N/A				
B. Itemized Co	ntribu	itions from Indivi	duals					
Last Name	Firs	st					MI	
Faber	Ka	athy						
Residential Street Address	City				State	Ziŗ	Code	
56 Soucy Dr	Bristo	ol			СТ	0	6010 /	
Principal Occupation		Name of Employer						
Business Owner		Kathy Faber Desigr	ns LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				l municipality	\$	Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or b	ranches	_	No				
Method of Contribution:		Date Received	Aggregat	e Contributions	$\exists$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	07/25/2019	\$75.0	0				
Last Name	Firs	st ·					MI	
Tagariello	Ja	ımie						
Residential Street Address	City				State	Zip	Code	
94 Cobblestone Lane	Meric	den			СТ	0	6450	
Principal Occupation Name of Employer								
Finance		Hartford Healthcar	e					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No						Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches	_	<b>⊚</b> No				
Method of Contribution:		Date Received		e Contributions	-			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	07/25/2019	\$200	.00				
Last Name	Firs	st					MI	
Tagariello	D	emitra					0	
Residential Street Address	City				State	Ziţ	p Code	
127 Tumble Brook Rd	Merio	den			СТ	0	6450	
Principal Occupation	1	Name of Employer					***	
Teacher Achievement First								
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					Amount of Contribution \$25.00			
s this contribution associated with an vent reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 2  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative								
				e Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 07/25/2019 \$75.00								
SUBTOTAL Section B — This Page \$150.00								
TOTAL of additional Section B Pages				3-				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)				B) \$4.04F.00				
(Enter total on Line 13, Column A of Summary Page Totals)							<del></del>	

## Section B ADDITIONAL PAGE <sup>5</sup> of <sup>22</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Dante For Bristol				October 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ N//	\$ N/A				
B. Itemized C	ontrik	butions from Indivi	duals					
Last Name	F	First					MI	
Acocella		Selena					М	
Residential Street Address	City				State	Zip	Code	
87 Cobblestone Ln	Mer	riden			CT	06	5450	
Principal Occupation	•	Name of Employer						
n/a		n/a						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				municipality		Amount of Contribution \$30.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes Is contributor a principal of If yes, indicate which be of government the cont	ranch or	r branches	_	No				
Method of Contribution:		Date Received	Aggregat	Contributions	_			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Orden	r 07/25/2019	\$30.0	0				
Last Name	F	First	•		•		MI	
Briatico		Robert						
Residential Street Address	City				State	Zip	Code	
195 Martin Rd	95 Martin Rd Bristol G					06	5010	
Principal Occupation	•	Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution \$30.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor.	ranch or		_	<b>⊙</b> No				
Method of Contribution:		Date Received	Aggregat	Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	r 07/25/2019	\$30.0	0				
Last Name	F	First					MI	
Kimball		Serena					A	
Residential Street Address	City				State	Zip	Code	
79 Woodnated Rd	Bris	stol			CT	0	6010	
Principal Occupation		Name of Employer						
Coding & Compliance		Prime Healthcare F	PC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution \$50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of If yes, indicate which b of government the cont	ranch or		_	ŎΝο				
Method of Contribution:		Date Received		e Contributions	1			
● Cash	iey Ordei	r 07/25/2019	\$50.0	0				
SUI	втот	AL Section B — This	Page	\$110.00				
TOTA	AL of a	additional Section B I	Pages	\$3,935.00				
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A		\$4,045.00				
			<del></del>					

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 6 of 22

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  T			TYPE OF REPORT				
Dante For Bristol			October 10 filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ N/A				
B. Itemized C	Contribu	utions from Indivi	duals				
Last Name	Firs	st				MI	
Morgan	Ja	ames				F	
Residential Street Address	City			5	State	Zip Code	
79 Oakleaf Dr	Colch	nester			ст	06415	
Principal Occupation		Name of Employer					
Insurance		GFS, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?					Amou \$50.0	ont of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which by of government the contributor as principal of If yes, indicate which is the indicate whic	ranch or b	ranches	<u> </u>	Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	1S	1		
Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ney Order	07/25/2019	\$50.00				
Last Name	Firs	st			<u> </u>	MI	
Pelletier	D	on					
Residential Street Address	City	,	<u> </u>	S	State	Zip Code	
128 Cherry Hill Dr	Bristo	ol		(	ст	06010	
Principal Occupation		Name of Employer					
Construction		Compass Enterpris	es				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?					Amou \$50.	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes No  If yes, indicate which b of government the cont	oranch or b	oranches	e contractor?	Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	15	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	07/25/2019	\$125.00				
Last Name	Firs	Lst				MI	
Rackliffe	D	oreen				A	
Residential Street Address	City			5	State	Zip Code	
730 Lake Avenue	Bristo	ol			СТ	06010	
Principal Occupation	-	Name of Employer					
Physicians Assistant		Trinity Healthcare	of New England				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which by of government the contributor apprincipal of If yes, indicate which is a proper of If yes, indicate which is	ranch or b	oranches		Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	18	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	07/25/2019	\$150.00				
SUI	BTOTA	L Section B — This	Page \$125.00				
TOTA	AL of ad	lditional Section B F	ages \$3,920.00	0			
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A umn A of Summary Page		o			
(Line) with the Litt	,,						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	v)		TYPE OF R	EPORT -	1911/19			
Dante For Bristol			October 10 filing					
A. Total Contributions from Small Contributors-Reco		this Period ONLY FOTAL SECTION A	\$ N/A					
B. Itemized (	Contril	butions from Indivi	duals					
Last Name		First				MI		
Rankin		Byron					С	
Residential Street Address	City				State	1	Code	
46 Deer Park Rd	Bris				СТ	06	010	
Principal Occupation		Name of Employer					*	
Self-employed		Self-employed				•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes does contributor or business he/s valued at more than \$5,000?					·	Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes   Is contributor a principal of If yes, indicate which be of government the con	oranch oi	_	_	Yes No ve				
Method of Contribution:		Date Received	Aggregate Co	ntributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	er 07/25/2019	\$25.00					
Last Name	F	First	L				MI	
Stanish	ĺ	Michelle					Α	
Residential Street Address	City				State	Zip (	Code	
84 Crown Street	Bris	stol			ст	06	010	
Principal Occupation		Name of Employer			<u> </u>			
Owner		Mpression Graphic	:s			•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No						Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of If yes, indicate which I of government the con	branch o		_	<b>⊘</b> No				
Method of Contribution:		Date Received	Aggregate Co	ntributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	or 07/25/2019	\$25.00					
Last Name	I	First					MI	
Tobey		Martin					Α	
Residential Street Address	City				State	Zip (	Code	
480 Farmington Avenue	Nev	w Britain			CT	06	053	
Principal Occupation		Name of Employer						
Pilot		Kisco Office Service	es					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?						ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2 Section L1?  If yes, list Event # 2 Section L1?  If yes, list Event # 2 Section L1?	oranch o		_	Yes No				
Method of Contribution:		Date Received	Aggregate Co		-			
♠ Cash Personal Check Credit/Debit Card Payroll Deduction Monoton	ney Orde	er 07/25/2019	\$25.00					
SU	втот	AL Section B — This	Page \$7	5.00				
ТОТ	AL of	additional Section B I	Pages \$3	970.00				
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A olumn A of Summary Page		.045.00				

## Section B ADDITIONAL PAGE 8

of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Dante For Bristol		October 10 filing				
A. Total Contributions from Small Contributors-Received t (See instructions for definition of Small Contributor)  SUB	this Period ONLY TOTAL SECTION A	\$ N/A				
B. Itemized Contri		duals				
	First			MI		
Briatico	Andrea			M		
Residential Street Address City						
	uthington		СТ	06489		
Principal Occupation	Name of Employer					
Medical Assistant	CT Children's Medi	cal Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One will be contribution is in excess of \$400 to a contribution or business he/she is assigned at more than \$5,000?				Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a state of the section L1?  If yes, list Event # 2	or branches	e contractor? Yes  OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	er 07/25/2019	\$50.00				
Last Name	First			MI		
Carlson	Eric			L		
Residential Street Address City			State	Zip Code		
187 Morningside Drive E Bris	stol		ст	06010		
Principal Occupation	Name of Employer					
Electrician	Morningside Electr	ic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o				Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Section L1?  Is contributor a principal of a state of the section of government the contract is well as the section of government the section of government the contract is well as the section of government the section of governme	or branches	e contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
Cash Personal Check Credit/Debit Card Payroll Deduction Money Orde	er 07/25/2019	\$250.00				
Last Name	First			MI		
Carrier	Francine			Н		
Residential Street Address City			State	Zip Code		
19 Cinston Ct Bris	stol		СТ	06010		
Principal Occupation	Name of Employer					
Assistant Manager	Carrier Group, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a c does contributor or business he/she is ass valued at more than \$5,000?			, Amou \$25.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Yes No  Is contributor a principal of a state of If yes, indicate which branch of government the contract is we have the contract is well as the contra	or branches	<b>⊙</b> N₀				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	er 07/25/2019	\$575.00				
SUBTOT	AL Section B — This	Page \$100.00				
TOTAL of	additional Section B F	Pages \$3,945.00				
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, Co	DIVIDUALS (Sections A column A of Summary Page					

## Section B ADDITIONAL PAGE 9

of <sup>22</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
Dante For Bristol		October 10 filing	October 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONL SUBTOTAL SECTION	I S N/A				
B. Itemized Co	ntributions from Inc	dividuals				
Last Name	First			MI		
Carriere	Jake					
Residential Street Address	City		State	Zip Code		
19 Winston Ct	Bristol	CT 06010				
Principal Occupation	Name of Employer					
Builder-Developer	Carrier Group,	lnc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a con	tract with said municipality	\$25.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a If yes, indicate which braze of government the contract.	nch or branches	∑ No	·			
Method of Contribution:	Date Received	Aggregate Contributions				
OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order 07/25/2019	\$575.00				
Last Name	First			MI		
Carros	Wendy			A		
Residential Street Address	City		State 2	Zip Code		
203 Belridge Rd	Bristol		СТ	06010		
Principal Occupation	Name of Employer		<u>.                                    </u>			
Medical Assistant	State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?		Amount of Contribution \$50.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2  Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	e state contractor?  Yes  No  No  Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 07/25/2019	\$100.00				
Last Name	First			MI		
Griffin	James			L		
Residential Street Address	City		State	Zip Code		
134 Boy St	Bristol		СТ	06010		
Principal Occupation	Name of Employer		<u> </u>	•		
Director	Colt Museum 8	k Heritage Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?		tract with said municipality	y, <b>Amou</b> i \$25.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2	nch or branches	e state contractor?  Yes No tive Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	$\dashv$			
OCash	Order 07/25/2019	\$130.00				
SUBT	OTAL Section B — T	This Page \$100.00		~~~		
TOTAI	of additional Section	<b>B Pages</b> \$3,945.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	INDIVIDUALS (Section 13, Column A of Summary F	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				
the first of the control of the cont		<b>-</b>				

## Section B ADDITIONAL PAGE 10 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Dante For Bristol			October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		S Period ONLY TAL SECTION A	\$ N/A				
B. Itemized Con	ntribu	tions from Indivi	duals				
Last Name	First				MI		
Rackliffe	Da	ivid			M		
Residential Street Address	t Address City State						
730 Lake Avenue	Bristol	I		CT	06010		
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, <b>Amo</b> i \$25.	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  **Moderate of Section L1 is the contributor of Section L1 is contributor a principal of a section L1 is the contributor of Section L1 is contributor a principal of a section L1 is contributor.	nch or br	anches	e contractor? Yes OLegislative		,		
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	07/25/2019	\$475.00				
Last Name	First				MI		
Tibeault	Wa	ayne			J		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
73 Yarde Dr	Bristol			СТ	06010		
Principal Occupation	1	Name of Employer	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Carpentry		H Carr					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 2	nch or br	anches	e contractor?  Yes No Legislative	3			
Method of Contribution:	]	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	07/25/2019	\$75.00				
Last Name	First				MI		
Fitzgerald	Joi	n			P		
Residential Street Address	City			State	Zip Code		
99 Gregory Rd	Bristol	I		СТ	06010		
Principal Occupation		Name of Employer		1			
Attorney		Law Office of Jon P	Fitzgerald				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?		idate for a chief executive	e officer of a municipalit	y, <b>Amo</b>	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or bra	ractor or prospective state	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	08/05/2019	\$50.00				
SUBT	ГОТАL	Section B — This	Page \$100.00				
		litional Section B P					
TOTAL OF ALL CONTRIBUTIONS FROM	4 INDIV		(+ B)				
(Enter total on Line 1	.s, coiun	A oj Summury Fuge	viusj				

## Section B ADDITIONAL PAGE 11 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Dante For Bristol			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ N/A					
	ntribu	itions from Indivi	duals					
Last Name Donlan	Firs	st loe				MI		
Residential Street Address	City				State	Zip Code		
15 Cove Rd	Harw	rich			MA	02645		
Principal Occupation	L	Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amoi \$25.	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which brain of government the contract.	nch or b	ranches	e contractor?	Yes No				
Method of Contribution:		Date Received	Aggregate Contril	outions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/27/2019	\$25.00					
Last Name	Firs	st				MI		
Pitti	Er	rnie						
Residential Street Address	City				State	Zip Code		
65 Palmorr Place	Bristo	ol 			CT	06010		
Principal Occupation		Name of Employer						
Retired		Retired						
	r dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality					Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	oranches	e contractor?  C Legislative	Yes No				
Method of Contribution:		Date Received	Aggregate Contrib		1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	08/28/2019	\$150.00		ŀ			
Last Name	Firs	st				MI		
Stefanowski	В	ob						
Residential Street Address	City				State	Zip Code		
1046 Boston Post Rd	Madi	son			CT	06443		
Principal Occupation		Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						unt of Contribution 00.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which brain of government the contraction of government the contraction.	nch or b	ranches	e contractor?	SYes No				
Method of Contribution:		Date Received	Aggregate Contril	outions	1			
Cash Personal Check Credit/Debit Card Payroll Deduction OMoney	y Order	09/06/2019	\$1,000.00					
SUBT	ГОТАІ	L Section B — This	Page \$1,12	5.00				
TOTAI	L of ad	ditional Section B P	ages \$2,92	0.00		T) areas		
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A		5.00				
, — · · · · · · · · · · · · · · · · · ·		-,						

## Section B ADDITIONAL PAGE 12

of 22\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Dante For Bristol			October 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY TAL SECTION A	\$ N/A				
	ntribut	ions from Individ	luals				
Last Name Griffin	Jan	nes			L MI		
Residential Street Address	City			State	Zip Code		
134 Boy St	Bristol CT 0601						
Principal Occupation		Name of Employer					
Director		Colt Museum & Hei	ritage Center				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Sequence of S				y, <b>Amo</b> \$25	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a section L1?  If yes, indicate which brait of government the contract	nch or bra	inches	contractor? Yes No				
Method of Contribution:	Е	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/06/2019	\$130.00				
Last Name	First	•			MI		
Obsitnik	Ste	ve					
Residential Street Address	City			State	Zip Code		
8 Imperial Landing	Westpo	ort		CT	06880		
Principal Occupation	N	Name of Employer					
Technology	!	Saugatuck					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No					Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or bra	anches	e contractor?  Yes No Legislative				
Method of Contribution:	D		Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/15/2019	\$100.00				
Last Name	First				MI		
Burns	Ror	nald			G		
Residential Street Address	City			State	Zip Code		
48 Harwick Rd	Bristol			СТ	06010		
Principal Occupation	N	Name of Employer		<u>, I</u>	•		
Youth Development		Bristol Boys & Girls	Club				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loes contributor or business he/she valued at more than \$5,000?				y, <b>Amo</b>	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	nch or bra	ınches	e contractor?  Yes No Legislative				
Method of Contribution:	E	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/16/2019	\$75.00				
SUBT	TOTAL	Section B — This	Page \$150.00				
TOTAI	L of add	itional Section B P	ages \$3,895.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		TDUALS (Sections A an A of Summary Page 1			-		
					<u> </u>		

## Section B ADDITIONAL PAGE 13

of <u>22</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Dante For Bristol	·	October 10 filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ N/A					
		_					
B. Itemized Co	ntributions from Indivi	duals					
Last Name	First		MI				
Rapini	Dominic						
Residential Street Address	City		State Zip Code				
4 Mariners Way	Branford		CT 06405				
Principal Occupation	Name of Employer						
Sales Manager	Apple, Inc.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$25.00				
Is this contribution associated with an event reported in Section L1?  We see the contribution associated with an event reported in Section L1?  We see the contributor a principal of a section L1?  We see the contributor a principal of a section L1?  We see the contributor a principal of a section L1?  We see the contributor a principal of a section L1?	state contractor or prospective star nch or branches et is with:	te contractor? Yes No					
Method of Contribution:	Date Received	Aggregate Contributions	-				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/16/2019	\$25.00					
Last Name	First	•	MI				
Petit, Jr.	William		A				
Residential Street Address	City		State Zip Code				
132 Red Stone Hill, POB 310	Plainville		CT 06062				
Principal Occupation Name of Employer							
State Representative State of CT							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a If yes, indicate which bra of government the contra		tte contractor?  Yes No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/19/2019	\$250.00					
Last Name	First	<u> </u>	MI				
Pitti	Ernie						
Residential Street Address	City		State Zip Code				
65 Palmorr Place	Bristol		CT 06010				
Principal Occupation	Name of Employer						
Retired	Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o			, Amount of Contribution \$25.00				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a   If yes, indicate which brain of government the contract.		te contractor?  Yes No Legislative					
Method of Contribution:	Date Received	Aggregate Contributions	┥				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 09/22/2019	\$150.00					
SUBI	FOTAL Section B — This	Page \$300.00					
TOTAI	of additional Section B	Pages \$3,745.00					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Page						

## Section B ADDITIONAL PAGE 14 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Dante For Bristol			October	October 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ N/A					
B. Itemized Co.	ntribu	tions from Indivi	duals					
Last Name	First					MI		
Andracle		ffrey			·			
Residential Street Address	City	ī			State	Zip Code		
8 Oakwood circle	Bristo				СТ	06010		
Principal Occupation		Name of Employer						
Manager		Quality Wire EDM,	lnc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$30.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes Is contributor a principal of a principal	nch or br	anches	_	Yes No ve				
Method of Contribution:		Date Received	Aggregate Co	ntributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$30.00					
Last Name	First					MI		
Betts	WI	hit						
Residential Street Address	City				State	Zip Code		
1924 Perkin St	Bristo				CT	06010		
Principal Occupation		Name of Employer				<u> </u>		
Legislator		State of CT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No					-	Amount of Contribution \$40.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Section L1?  Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction of government the contraction.	ınch or bı	ranches	_	<b>⊙</b> No				
Method of Contribution:		Date Received	Aggregate Co	ntributions	7			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$40.00					
Last Name	First	:				MI		
Caggiano	Je	ffrey						
Residential Street Address	City				State	Zip Code		
27 Cricket Hill Rd	Bristo	l			СТ	06010		
Principal Occupation		Name of Employer						
Sale		Adaptive Brokerolo	ogies					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No   If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes  Is contributor a principal of a section L1?  If yes, list Event # 3  Of government the contraction of government the government of government the government of government the government of government the government of gove	nch or br	anches	_	Yes No				
Method of Contribution:		Date Received	Aggregate Co		1			
● Cash	y Order	09/30/2019	\$405.00					
SUBT	ГОТАІ	Section B — This	Page \$1	50.00	<del>,</del>			
TOTAL	L of ado	ditional Section B P	ages \$3	,895.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A nn A of Summary Page	/ I C/	,045.00				
		<del></del>						

## Section B ADDITIONAL PAGE 15 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Dante For Bristol			Octob	October 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ N/A	-			
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fi	rst					MI
Carlson	E	ric					L
Residential Street Address	City				State	Zip C	ode
187 Morningside Dr E	Brist	ol			ст	060	010
Principal Occupation		Name of Employer			-	1	
Electrician		Morningside Electr	ric				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3	nch or l	branches	_	No			
Method of Contribution:		Date Received	Aggregate	Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$250.0	00			
Last Name	Fit	rst	<del></del>				MI
Curros	l v	Vendy					Α
Residential Street Address	City				State	Zip C	ode
203 Belridge Rd	Brist	ol			CT	060	010
Principal Occupation		Name of Employer	·			1	
Medical Assistant		State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes of S400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  S50.00					ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches		<b>⊘</b> No			
Method of Contribution:		Date Received	Aggregate	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$100.0	00			
Last Name	Fi	rst	L				MI
Cruz		Ariana					
Residential Street Address	City				State	Zip C	l Code
93A Locust St	Brist	ol			СТ	060	010
Principal Occupation		Name of Employer					
Realtor		Keller Williams					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3   Section L1?  If yes, list Event # 3   Is contributor a principal of a liftyes, indicate which brain of government the contraction.	nch or l	branches	_	ŎΝο			
Method of Contribution:		Date Received	<del></del>	Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$25.00				
SUB <sup>1</sup>	ГОТА	L Section B — This	Page	\$175.00			
TOTAL	L of ac	lditional Section B I	Pages	\$3,870.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		\$4,045.00		-	

## Section B ADDITIONAL PAGE 16 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Dante For Bristol				October 10 filing				
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$ N/	Α			
В. І	temized Con	tribu	utions from Indivi	duals				
Last Name		Fire	st					MI
De Mastro		Pl	hyllis					
Residential Street Address	C	City				State	Zip	Code
9 Chimney Crest Ln		Bristol CT 06010				5010		
Principal Occupation	-		Name of Employer					
RN Educator			n/a					
	r business he/she is		didate for a chief executive ciated with have a contract  OYes  No		l municipality		Amount of Contribution \$20.00	
event reported in Section L1? No If yes, inc	r a principal of a st dicate which brand nment the contract	ch or b		_	No			
Method of Contribution:			Date Received	Aggregat	te Contributions	_		
Cash Personal Check Credit/Debit Card Payroll Ded	uction OMoney	Order	09/30/2019	\$70.0	00			
Last Name		Firs	st	· · · · · · · · · · · · · · · · · · ·				MI
Dube		Je	ennifer					Р
Residential Street Address	C	City				State	Zip	Code
26 Baldwin Dr		Bristo	ol .			CT	06	6010
Principal Occupation	•		Name of Employer					
n/a			n/a					
or dependent child of a lobbyist?  No does contributor o						Amount of Contribution \$25.00		
event reported in Section L1?	or a principal of a stadicate which bran ment the contract	ch or t			<b>⊚</b> No			
Method of Contribution:		- 10 1111	Date Received		e Contributions	_		
Cash Personal Check Credit/Debit Card Payroll Dedu	uction Money (	Order	09/30/2019	\$50.0	00			
Last Name		Fire	st .					MI
Giantonio		K	ersten					М
Residential Street Address	C	City				State	Zip	Code
275 Allentown Rd		Bristo	ol			ст	06	5010
Principal Occupation			Name of Employer		A - A - B -			
n/a			n/a					
1	r business he/she is		didate for a chief executive tated with have a contract Yes No				ount o	of Contribution
event reported in Section L1?	r a principal of a st dicate which bran- nment the contract	ch or b		_	ŎNo			
Method of Contribution:	on the contract	. 15 WILL	Date Received		te Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Ded	uction OMoney	Order	09/30/2019	\$100				
	CIIDT	OTA	I C41 D This	D	\$145.00			
			L Section B — This			<del></del>		
	TOTAL	of ad	lditional Section B I	Pages	\$3,900.00		_	
TOTAL OF ALL CONTRIBU (En			IVIDUALS (Sections A umn A of Summary Page		\$4,045.00			

## Section B ADDITIONAL PAGE 17 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Dante For Bristol			October 10 filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY OTAL SECTION A	\$ N/A	-			
B. Itemized Co	ntribu	itions from Indivi	duals				
Last Name	Firs	it			MI		
Gregorie	D	onald					
Residential Street Address	City			State	Zip Code		
180 Martin Rd	Bristo	ol		СТ	06010		
Principal Occupation		Name of Employer			<u></u>		
n/a		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3	nch or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$200.00				
Last Name	Firs	t			MI		
Gyurko	Al	an			l w		
Residential Street Address	City		<del>11. ( to</del> )	State	Zip Code		
88 Fern Hill	Bristo	l		СТ	06010		
Principal Occupation		Name of Employer		.1			
Sales		NuFace of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Shoot in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No \$30.00					ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	anch or b	ranches	e contractor? Yes No Legislative	3			
Method of Contribution:		Date Received	Aggregate Contributions	$\neg$			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$30.00				
Last Name	Firs	t			MI		
Haberfeld	D	avid					
Residential Street Address	City			State	Zip Code		
110 Divinity St	Bristo	ol		СТ	06010		
Principal Occupation	L	Name of Employer		4	_1		
Real Estate		Haerfield Enterpris	es LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of S400 does contributor or business he/she valued at more than \$5,000?				y, <b>Amo</b>	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes No  Yes Is contributor a principal of a figure, indicate which brain of government the contraction.	nch or b	ranches	e contractor? Yes  No  Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$100.00				
SUBT	ГОТАІ	L Section B — This	Page \$155.00				
TOTAL	L of ad	ditional Section B P	ages \$3,890.00		****		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A mn A of Summary Page 2					
					<del></del>		

## Section B ADDITIONAL PAGE 18 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Dante For Bristol			October 10 filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ N//	4				
B. Itemized Co.	ntrib	utions from Indivi	duals					
Last Name		rst		<del></del>			MI	
Kapchensky	A	Andrea						
Residential Street Address	City State Zip C					Code		
23 Caswell Avenue	Brist	ol			CT	06	5010	
Principal Occupation		Name of Employer						
Retired		Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special Properties of \$400 does contributor or business he/she valued at more than \$5,000?						Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes  Is contributor a principal of a second brain of government the contract of government the government the government of go	nch or l	branches	_	No				
Method of Contribution:		Date Received	<del>.                                     </del>	e Contributions	=			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	09/30/2019	\$25.0	0				
Last Name	Fin	rst	<u> </u>				MI	
Krawiecki	s	Sharon					М	
Residential Street Address	City				State	Zip	Code	
36 Somerset Circle	Bristol CT 06010					6010		
Principal Occupation Name of Employer								
n/a City of Bristol								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract  Yes  No	e officer with said	of a municipality I municipality		ount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  **Moderate of Section L1?**  **If yes, list Event # 3 **If yes, indicate which bra of government the contral in the	nch or	branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received	55 5	e Contributions				
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order	09/30/2019	\$350	.00				
Last Name	Fi						MI	
Lemek		Suzanne						
Residential Street Address	City	-al			State	1 -	Code	
51 Paxton Avenue	Brist				СТ	00	5010	
Principal Occupation		Name of Employer						
n/a	-	n/a			т.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount ( ).00	of Contribution	
Is this contribution associated with an event reported in Section L1?  **Moderate of Section L1 is contributor a principal of a section L1?**  **If yes, list Event # 3	nch or	branches	_	<b>⊙</b> No				
Method of Contribution:		Date Received	1	e Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$30.0	0				
SUBT	ГОТА	AL Section B — This	Page	\$155.00			·······································	
TOTAI	L of a	dditional Section B I	Pages	\$3,890.00				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		OIVIDUALS (Sections A lumn A of Summary Page	,	\$4,045.00				

## Section B ADDITIONAL PAGE 19

of <u>22</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE C	OF REPORT			
Dante For Bristol			Octob	er 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$ N/A	1			
B. Itemized Co	ntribu	itions from Indivi	duals				
Last Name	Firs	it					MI
Lindsley	Br	ruce					L
Residential Street Address	City				State	Zip	Code
58 Cronin St	Bristo				СТ	06	010
Principal Occupation		Name of Employer					
Network Analyst		The Hartford					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Section 1 If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associ	iated with have a contract  OYes  No	with said	municipality		ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3	inch or b	ranches	_	No			
Method of Contribution:		Date Received	Aggregat	e Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$50.0	0			
Last Name	Firs	t					MI
Mina	Di	aniel					Α
Residential Street Address	City				State	Zip	Code
441 Clark Ave #10	Bristo	ol			СТ	06	010
Principal Occupation	1	Name of Employer					
Self-Employed		Self-Employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?						ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3 Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches	_	<b>⊙</b> No			
Method of Contribution:		Date Received	Aggregat	e Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$30.0	0			
Last Name	Firs	st					MI
Morgan	Je	effrey					P
Residential Street Address	City				State	Zip	Code
403 Witches Rock Rd	Bristo	ol			СТ	06	5010
Principal Occupation		Name of Employer			·		
Maker of Shirts		Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes No  If yes, indicate which bra of government the contra	anch or b	ranches	_	ŌNo			
Method of Contribution:		Date Received		e Contributions			
● Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	09/30/2019	\$100.	00			
SUB	TOTA	L Section B — This	Page	\$180.00			<del></del>
TOTA	L of ad	ditional Section B I	Pages	\$3,865.00			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A umn A of Summary Page	(A + B)	\$4,045.00			
(Enter total on Line	15, Colu	umn A oj Summury Page	i viais)				

## Section B ADDITIONAL PAGE 20 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Dante For Bristol			Octol	oer 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ N/	A			
B. Itemized Co	ntribi	utions from Indivi	duals				
Last Name	Fir	st					MI
Rackliffe	D	Pavid					M
Residential Street Address	City				State	Zip	Code
730 Lake Avenue	Bristo	ol			CT	06	5010
Principal Occupation	I	Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	with said	1 municipality		ount o	of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3	oranches	_	No				
Method of Contribution:		Date Received	Aggrega	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$475	.00			
Last Name	Fire	st					MI
Rackliffe	D	oreen					A
Residential Street Address	City				State	Zip	Code
730 Lake Avenue	Bristo	ol			CT	06	5010
Principal Occupation	L	Name of Employer					-,
Physician Assistant		Trinity Healthcare	of New	England			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?						ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3 Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or l	branches	_	<b>⊘</b> No			
Method of Contribution:		Date Received	Aggrega	te Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$150	.00			
Last Name	Fir	st	•				MI
Samela	S	usan					L
Residential Street Address	City				State	Zip	Code
126 West St 2B	Briste	ol			CT	06	5010
Principal Occupation		Name of Employer			·		
Retired		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?						ount 6	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes  No  If yes, indicate which bra of government the contra-	nch or b	oranches	_	<b>⊙</b> No			
Method of Contribution:		Date Received	<del>,                                    </del>	te Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	09/30/2019	\$25.0	0			
SUBT	ГОТА	L Section B — This	Page	\$100.00			·
TOTAL	L of ac	lditional Section B I	Pages	\$3,945.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M IND 13, Coli	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals)	\$4,045.00			
	i			L			

## Section B ADDITIONAL PAGE 21 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
Dante For Bristol			Octok	er 10 filing	-		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ N//	4			
B. Itemized Co	ntrib	utions from Indivi	duals				
Last Name	Fir	st			-		MI
Hoxha	Jo	oe					
Residential Street Address	City				State	Zip	Code
211 King St	Bristo	ol			СТ	06	010
Principal Occupation		Name of Employer					
Political Consultant		PSG					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a section L1?  No If yes, indicate which brait of government the contract of government the contract of the section L1?	oranches	_	No	7			
Method of Contribution:		Date Received		e Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$80.0	0			
Last Name	Fire	st					МІ
LaFluer		1ichael					
Residential Street Address	City				State	Zip	Code
18 Father Crudele Drive	Bristo	ol			СТ	1	010
Principal Occupation		Name of Employer				J	
Construction		Compass Enterpris	es				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					ty, Amount of Contribution \$25.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes No If yes, indicate which brain of government the contract	nch or b	oranches	_	<b>⊚</b> No			
Method of Contribution:		Date Received		Contributions	1	,	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$25.0	0			
Last Name	Fir	st					MI
Rackliffe	Ji	II					
Residential Street Address	City				State	Zip	Code
85 Oakwood Drive	Redv	vood City			CA	94	061
Principal Occupation		Name of Employer					
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3	nch or b	oranches	_	ŎNo			
Method of Contribution:		Date Received	Aggregat	e Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	09/30/2019	\$25.0	0			
SUBT	ГОТА	L Section B — This	Page	\$75.00			
TOTAL	of ad	lditional Section B P	Pages	\$3,970.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A		\$4,045.00			

## Section B ADDITIONAL PAGE <sup>22</sup> of <sup>22</sup>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite		TYPE OF REPORT					
Dante for Bristol			October 10 Fili	ng			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$ N/A				
B. Itemized	l Contr	ibutions from Indivi	duals				
Last Name		First					MI
Rimcoski		Jeff					
Residential Street Address	City		,	5	State	Zip (	Code
71 Palmorr Place	Br	istol			CT	06	010
Principal Occupation		Name of Employer					
President		Quality Wire EDM,	Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?					<b>Amo</b> : \$15.		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes Is contributor a principal If yes, indicate which of government the contributor apprincipal If yes, list Event # 3	h branch			Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	ns	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Ord	der 09/30/2019	\$15.00				
Last Name		First	1				MI
Stoffel		David					Α
Residential Street Address	City			T <sub>s</sub>	State	Zip (	Code
79C Addison Rd	1 '	astonbury		- }	ст	l "	033
Principal Occupation		Name of Employer				<u> </u>	
CPA - Auditor		Grant Thornton LL	Р				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?					Amou \$100		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3  Yes  No  Is contributor a principal  If yes, indicate whic  of government the c	ch branch			Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	ns	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OV	Money Ord	ler 09/30/2019	\$100.00				
Last Name		First			<u> </u>		MI
Residential Street Address	lc:n.	<u> </u>		16	74-4-	7in (	Cada
Residential Street Address	City				State	Zip	Code
Principal Occupation	•	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?					Amoi	unt of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal If yes, indicate which of government the configuration of government the configuration.	h branch	_		Yes No			
Method of Contribution:		Date Received	Aggregate Contribution	ns	1		
● Cash	Money Ord	ler					
${f s}$	SUBTO	ΓAL Section B — This	Page \$115.00		<del></del>		
TO	TAL of	additional Section B I	Pages \$3,930.0	0			
TOTAL OF ALL CONTRIBUTIONS F. (Enter total on )		NDIVIDUALS (Sections A Column A of Summary Page		0			

NAME OF COMMIT	TTEE (Provide Complete N	Jame as Registered	with Filing Reposi	tory)				TYPE OF REPORT		
Dante for Bristol	Dante for Bristol  C1. Contributions from Other Committe							October 10 Filing		
		C1. (	Contributio	ns fr	om Ot	her Commi	ittees			
Name of Committee			<u> </u>			Name of Treasur				<u> </u>
Address				-т					T .	
Address				Is th	nis contrib	ution associated in Section L1?	d with a	n OYes ONo	Amount o	f Contribution
				***	ii reporte			#		
City		State	Zip Code	Ī	Date Receiv	red	Aggreg	gate Contributions	_	
		-								
	·					N. CT	<u> </u>			
Name of Committee						Name of Treasur	rer			
Address				Is th	is contrib	ution associated	l with a	n OYes ONo	Amount o	f Contribution
				ever	nt reporte	in Section L1?	,			
Cit.		State	Ta: 0.1	1	Date Receiv			# gate Contributions	_	
City		State	Zip Code		Jale Receiv	ca	Aggreg	gate Contributions		
Name of Committee	·					Name of Treasur	rer		. L	
A 11									<del> </del>	
Address				Is th	is contrib	ution associated in Section L1?	d with a	n 🔘 Yes 🔘 No	Amount of	f Contribution
				CVCI	птеропе			#		
City	,	State	Zip Code	I	Date Receiv	red	Aggreg	gate Contributions	1	
	<del></del>	<del>,</del>					<u> </u>			
	C2. Rei	mbursemen	ts or Surpl	us Di	istribu	tions from	other	Committees		
Name of Committee						Name of Treasu	rer			
									,	
Address					City			·	State	Zip Code
					-					
	Expenditure #	Τ								
Date Received	(if applicable)	Payment Type			_				Amoun	t of Receipt
		OReimbursen	ent for shared e	xpense	<b>O</b> Su	rplus Distributio	on			
Description										
Name of Committee						Name of Treasur	rer			<i>;</i>
									la.	7:- C-1-
Address					City				State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		1					Amoun	t of Receipt
	(5 approximations)	Reimburse	ement for shared	l expen	ise O	Surplus Distribu	ıtion			
Description	<u></u>	1							_	
Description										
			SUBTO	TAL	Section	C — This	Page	\$0.00		
				· · · ·				1.		
			TOTAL	of add	litional	Section C P	ages	\$0.00		
	TOTAL OF A	LL COMMIT	TEE CONT	RIBU	TIONS	AND RECE	IPTS	\$0.00		
		1 + C2) (Enter						\$0.00		
			-				•			

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Reposite	ory)				REPORT	
Dante for Bristol				Oc	tober	10 Filing	
$oldsymbol{ ext{D}}$	. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan: Bank Candid	late <b>(</b> ) Ind	ividual	Other Committee	Date of Receipt
Street Address	City			Stat	e	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			Sta	te	Zip Code	
Name of Lender		***************************************	Source of Loan: Bank Candid	late 🔘 Ind	ividual	Other Committee	Date of Receipt
Street Address	City			Stat	e	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)						<u> </u>	Amount Received
Street Address	City			Sta	te	Zip Code	
Name of Lender			Source of Loan: Bank Candid	late O Ind	ividual	Other Committee	Date of Receipt
Street Address	City			Stat	e	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)				1			Amount Received
Street Address	City			Sta	te	Zip Code	
			TOTAL SECTIO	N D	\$0.0	0	
E. Receipts from Entities other tha	n Indivi	idnals	or Other Commi	ttees (P.	ofovon	dum Committe	as ONI V
Name of Entity	a andri	duuis	or other commi	ittees (At	geren	uum Commute	es ONET)
Street Address				Date Recei	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	utions	
Name of Entity				L			
Street Address				Date Recei	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	utions	
Name of Entity							
Street Address	4		31	Date Recei	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	utions	
	<b>!</b>		TOTAL SECTIO	ON E	\$0.0	0	

Name of all Dulated		ered with Filing Repository)		TYPE	
ante for Bristol				Oct	ober 10 Filing
	F. Amount Transferred	from Affiliated E	Business Treasury (Bu	siness Enti	ity Committees ONLY)
e of Receipt	Is this transaction assoc event reported in Sectio				Amount
e of Receipt	Is this transaction assoc event reported in Section		If yes, list Event #		Amount
e of Receipt	Is this transaction assoc event reported in Sectio	1 0	If yes, list Event #		Amount
e of Receipt	Is this transaction associevent reported in Section	· · ·	If yes, list Event #		Amount
			TOTAL SECTI	ON F	\$0.00
G. Amount	Transferred from Affilia	ted Labor Union	or Other Organizatio	on Treas	ury (Organization Committees ONLY)
e of Receipt		Date of Receipt		Date of	Receipt
	Amount		Amount		Amount
			TOTAL SECTIO	N G	\$0.00
	H. Personal Funds of	the Candidate Ro			
of Receipt	H. Personal Funds of  Method of payment:	the Candidate Ro			
of Receipt		the Candidate Ro	eceived this Period (6	Candidate (	Committees ONLY)
•	Method of payment:		eceived this Period (6	Candidate (	Committees ONLY)
•	Method of payment:		check Credit/Del	Candidate (	Committees ONLY) Amount
of Receipt	Method of payment:  Cash  Method of payment:	Personal C	check Credit/Del	Candidate (	Committees ONLY) Amount
of Receipt	Method of payment:  Cash  Method of payment:  Cash	Personal C	Check C Credit/Del	Candidate (	Committees ONLY)  Amount  Amount
of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal C	Check C Credit/Del	Candidate (	Committees ONLY)  Amount  Amount
of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash	Personal C	Check Credit/Del	oit Card oit Card	Amount  Amount  Amount
e of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal C	Check Credit/Del	candidate (  bit Card  bit Card  bit Card	Amount  Amount  Amount
e of Receipt e of Receipt e of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal C	Check Credit/Del	candidate (  bit Card  bit Card  bit Card	Amount  Amount  Amount  Amount
of Receipt	Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	Personal C Personal C Personal C	Check Credit/Del	candidate (  bit Card  bit Card  bit Card	Amount  Amount  Amount  Amount  Amount

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015	TITLE TECETI IS (Sections	7 1 1	<u> </u>			
NAME OF COMMITTEE (Provide Complete Name as Registered with	n Filing Repository)		E OF R		· .	
Dante for Bristol		Oct	tober 1	0 Filing		
J. Interest	from Deposits in Authorized Accou	ınts				
Name of Institution		Date	Received	Į		Amount
						Ţ
Street Address	City -	State	Z	ip Code		
N. State		In-	Received			
Name of Institution		Date	Received			Amount
Street Address	City	State	Z	p Code		
				,		
	TOTAL SECTION	L NO	\$0.0	)	<u>!</u>	
IZ Misselleneous M						
	Ionetary Receipts not Considered C	ontri		Transaction		
Name			Date of	Transaction		Amount Received
Street Address	City	St	ate	Zip Code		
Description						
Name	- A. F		Date of	Transaction		
rane			Date of	Transaction		Amount Received
Street Address	City	St	ate	Zip Code		
Description						
Name			Date of	Transaction		Amount Bossived
						Amount Received
Street Address	City	Sta	ate	Zip Code		
				J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Description						
Name			Date of	Transaction		Amount Received
Street Address	City	St	ate	Zip Code		
Description						
- · · · · · ·						
	TOTAL SECTION K	<b>.</b>	0.00			
SUMMARY OF OTHE	R MONETARY RECEIPTS (Secti	ons D	thro	ıgh K)		
Total Loans Received this Period (Section D)	TOTAL TERESTINE	0115		\$0.00		
Total Receipts from Entities other than Individuals or O	Other Committees (Section E)	+		\$0.00		
Total Amount Transferred from Affiliated Business Tre		+		\$0.00		
NO 1111 WIND 1						
Total Amount Transferred from Affiliated Labor Union				\$0.00		10.101.00
Total Amount of Personal Funds of the Candidate Recei		+		\$0.00		
Total Amount of Interest from Deposits in Authorized A		+		\$0.00		
Total Miscellaneous Monetary Receipts not Considered		+		\$0.00		
(Add Sections D throug	Total of Other Monetai th K) (Enter total on Line 15, Column A of Summ			\$0.00		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPO	ORT			
Dante For Bristol			October 10	Filina	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	L1. Even	t Information					
Event # 1	Description			337-0	this a few		
Date of Event Letter 07/11/20	Meet and Greet with Dante Tagariello			was	Yes	ndraising event?	
Location: Street Address		City		•	State	Zip Code	
730 Lake Avenue		Bristol			СТ	06010	
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L.  Associated with a Hot purchases made by hos	use Party and con	mplete requ	uired infor		
	e goods or services donated by a business entity nated by an individual of up to \$100?	y Yes ( <i>If yes</i> , go to Section L4 <b>In-Kind Donations not Considered Contribu</b> and complete required information.)  No					
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$		11-11-11-11-11-11-11-11-11-11-11-11-11-	
	nittees, Municipal Candidates and Political Commodvertising space in a program book or on a fundraiser?	nittees other than Exploratory OYes (If yes, go to Section Loron a Sign and comp	3 Purchases of A			Program Book	
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?  OYes (If yes, enter Total Receipts here.)  No							
Event #2 Date of Event Letter 07/25/20	Description  Meet and Greet with Dante Tagariello			Was	this a fur	ndraising event?	
Location: Street Address		City			State	Zip Code	
388 Broad Street		Bristol			СТ	06010	
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L.  Associated with a Hot purchases made by hos  No	ise Party and cor	mplete requ	uired infor		
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		tions not C	onsidered (	Contributions	
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$			
	ittees, Municipal Candidates and Political Comm dvertising space in a program book or on a fundraiser?		3 Purchases of A			Program Book	
	nittees ONLY)  Yood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$			
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	0.00			
		ion L1—Subpart 3 <i>(Town Commi</i> tipts from Food Purchases —		\$0.00			
		TOTAL of additional Section	L1 Pages	\$0.00			
		IPTS FROM SMALL PUI Line 16a, Column A of Summary		\$0.00			

## Section L1. ADDITIONAL PAGE 1 of 1

	(Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT		
Dante for Bristol			October 10 Filin	g	
		nt Information			
Event # 3 Date of Event Letter  9/30/2	Meet and Greet with Dante Tagariello			Was this a fur	ndraising event
Location: Street Address		City		State	Zip Code
59 N Main Street		Bristol		ст	06010
Subpart 1: (All Commit	tees)				<u> </u>
Was this event hosted at	a personal residence?	Yes (If yes, go to Section L.:  Associated with a Hou purchases made by hos  No	ise Party and complet	te required infor	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required No	information.)	not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$	
S. L (2) (B) ( C)	W. M. C. LO. Phys. J. D. Phys. J. C.	<b>⊙</b> No	<i>a</i> )		
Were there purchases of sign associated with this		Yes (If yes, go to Section L:  or on a Sign and comp	3 Purchases of Advert		Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Event #	In .			7	
Date of Event Letter	Description			Was this a fur	ndraising event No
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at		Yes (If yes, go to Section L.S			
		purchases made by hose	t(s) for food, beverage	and invitations.)	
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec  No	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Com advertising space in a program book or on a fundraiser?	mittees other than Exploratory O Yes (If yes, go to Section Li or on a Sign and comp No	Purchases of Advert		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items —	This Page \$0.00	)	
		tion L1—Subpart 3 (Town Commit eipts from Food Purchases —		)	
		TOTAL of additional Section	L1 Pages \$0.00	)	
		EIPTS FROM SMALL PUI n Line 16a, Column A of Summary		)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

NAME OF COMMIT	ΓΕΕ (Provide Complete Nan	ne as Registered with Filing Reposit	ory)		TYPE OF REPOR	T		
Dante For Bristol					October 10 Fil	ing		
	L3. P	urchases of Advertisi	ng in a Progi	ram Book or o	on a Sign			
Name of Purchaser				-		Purchase Mad	le By:	
						Business	s Entity	Other
						O Individu	al/Sole P	Proprietorship
Street Address		-0.19 <del>.00</del> .00	City		L	Stat	e	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	se Amoi	unt of Si	gn Purchase
Name of Purchaser					<u></u>	Dunchasa Mad	la Deu	
Name of Furchaser						Purchase Mad	•	Other
					i	Business		_
Street Address			City		L	State		Proprietorship Zip Code
Sirect Address			City			State		Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e Amou	unt of Si	gn Purchase
							,	
Name of Purchaser						I Purchase Mad	le By:	
						Business	s Entity	Other
						O Individu	al/Sole P	Proprietorship
Street Address			City	, , , , , , , , , , , , , , , , , , ,		Stat	e	Zip Code
Date Received	Event #	A garageta Durahaga	for All Events	A 6 D	A J D L			
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	Se Amoi	unt of Si	gn Purchase
Name of Purchaser						Purchase Mad	le By:	
						Business	s Entity	Other
			_			O Individu	al/Sole P	roprietorship
Street Address			City			State	e	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e Amoi	unt of Si	gn Purchase
								<b>6</b>
Name of Purchaser						Purchase Mad	•	_
						Business		Other
			_			O Individu	al/Sole P	Proprietorship
Street Address			City			State	e	Zip Code
Date Received	Event #	A 1	For All Process	14- : 25				
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	Se Amou	unt of Si	gn Purchase
	SUBTOTAL Sec	ction L3 Total Purchases of	Advertising in	Program Book -	— This Page \$0	0.00		<del></del>
	SUBTO'	FAL Section L3 Total Purc	chases of Adver	tising on a Sign -	— This Page   50	0.00		
				f additional Secti		0.00		
ΤΩ	TAL OF ALL PURC	HASES OF ADVERTISIN			ON A SICN			
				in A of Summary		0.00		···

NAME OF COMMITTE	E (Provide Complete Name as Registe	ared with Filing Penository			TYPE OF REPORT	г .		
Dante for Bristol	22 (1707the Complete Hame us Registe	rea mun't unig Repository)			October 10 Filir	•		
	L4. In-I	Kind Donations N	ot Conside	red Contribut	tions			
Name of Donor								
Street Address			City	, and the second			State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair I	l Market Val	l ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor				<del>1 </del>				
Street Address			City		Pathing against		State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor								-
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair N	Market Val	ie of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for t	this Event			
		SUBTO	TAL Section	L4 — This Page	\$0.00			
		TOTAL	of additional	Section L4 Pages	\$0.00			
ТОТ	AL OF ALL IN-KIND DON (Enter	ATIONS NOT CON- total on Line 21, Col						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Dante For Bristol					October 10 Filing			
L5. I	n-Kind Donations Not Consider	ed (	Contributions Associa	ted with a l	House Part	y		
Name of Host  David & Doreen Rackliffe				committee?	supporting mo Yes O No omplete Itemiza	o	e candidate or	
Street Address			City	<u> </u>		State	Zip Code	
730 Lake Avenue			Bristol			ст	06010	
Description of Donation					Fair Mar	ket Value o	f Donation	
Food & Beverage					\$225.00	1		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate	7225.00	•		
1	\$225.00	\$.	225.00					
Name of Host				committee?	supporting mo OYes ONo omplete Itemiza	)	e candidate or	
Street Address			City			State	Zip Code	
Description of Donation					Fair Mar	ket Value o	f Donation	
							2011411011	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate	-			
Name of Host				Is this event	supporting mo	re than on	e candidate or	
				committee?	OYes ON	)		
			I	If yes, co	omplete Itemiza			
Street Address			City			State	Zip Code	
Description of Donation			<u> </u>		Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate				
Name of Host							e candidate or	
					OYes ON			
Street Address			City	If yes, co	omplete Itemiza	State	Zip Code	
Sacri Address			Chy			State	Zip Code	
Description of Donation	The street of th				Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate	•			
	<b>S</b>	SUB	TOTAL Section L5 — T	This Page	\$225.00			
	TC	)T <i>A</i>	L of additional Section	L5 Pages	\$0.00			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li		ONSIDERED CONTRIE 2, Column A of Summary F	·	\$225.00			

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registere	d with Filing Reposito	ory)		TYPE OF R	EPORT			
Dante for Bristol				-	October 10 Filing				
		M. In-k	Kind Conti	ibutions					
Name								· · · · · · · · · · · · · · · · · · ·	
Jennifer Dube									
Street Address			C	ity		2	State	Zip Code	
26 Baldwin Drive			1	Bristol			ст	06010	
Type of contributor:  Committee	Date Received	Aggregate Co	ontributions	Description of In-Kind	Contribution	-			
● Individual / Sole Proprietorship COther	09/30/2019	\$70.48		Beverages					
Is contributor a lobbyist, spouse, Yes	If contribution	is in excess of \$40	00 to a candidat	e for a chief executive o	fficer of a mu	nicipality,			
or dependent child of a lobbyist?	does contribut valued at more		ne is associated	with have a contract wi Yes No	th said munici	pality		Aarket Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No I	ntributor a principa fyes, indicate which government the co	ch branch or b				\$70.48		
Name		Be comment and ec		O EMOCRATIO	O Estatution				
Tank									
Street Address			Ci	ty			State	Zip Code	
Type of contributor: Committee	Date Received	Aggregate Co	ntributions	Description of In-Kind (	Contribution	-1		L	
OIndividual / Sole Proprietorship OOther				•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contribu			te for a chief executive d with have a contract w Yes No				Market Value Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	O No I	ntributor a principal yes, indicate whic government the co	h branch or br	ractor or prospective sta anches	_	SYes No			
Name	01	government the co	muact is with.	Executive	OLegisiative				
Street Address		*****	Ci	ty			State	Zip Code	
Type of contributor: Committee  Committee  Other	Date Received	Aggregate Co	ntributions	Description of In-Kind (	Contribution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contribu	tor or business he/s	00 to a candida she is associated	te for a chief executive of with have a contract w	officer of a mu	nicipality, ipality	Fair Market Value of this Contribution		
	· · · · · · · · · · · · · · · · · · ·	e than \$5,000?	1 0	Yes No					
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	O No If	tributor a principal yes, indicate which government the co	h branch or br	ractor or prospective sta anches Executive	_	SYes No			
		SU	BTOTAL Se	ction M — This Pag	ge \$70.48	<del></del>	<u>.</u> .		
		тот	AL of additi	onal Section M Page	s \$0.00				
TOTAL OF ALL IN-KIND CON	TRIBUTION	S (Enter total on I	Line 23, Columi	a A of Summary Page To	tals) \$70.48	3			
	N. Rei	fundable Dep	osit to Tel	ephone Compan	y				
Last Name of Individual			First			MI	Date Deposit	Made	
Residential Street Address	****	City	<u> </u>		State Zir	Code	<del>- 1</del>		
		Cit.	y		State Eq.	Code	. A	Amount of Deposit	
Name of Telephone Company					L		$\dashv$		
Street Address		City	у		State Zip	Code			
							1		
TOTAL SE	CCTION N Œ	nter total on Line	24, Column A	of Summary Page Tota	<i>ls</i> ) \$0.00				

SEEC FORM 20

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE	OF REPORT			
Dante For Bristol				Octol	ber 10 Filing			
	P. Expenses	Paid by Committe	e					
Name of Payee				Date of l	Payment	Method of	f Payment:	
Bristol Boys & Gir	'ls Club, Inc.			07/12	2/2019	1 -	k # <u>1004</u>	
Street Address		I c:-				O Debi		
		City				State	Zip Code	
255 West Street		Bristol				CT	06010	
Purpose of Expenditure	Description		Event	#		İ	Amount	
(by code) A-OTH	2019 Mayor's Cup Tee Sign					6150	00	
Expenditure #					<u> </u>	\$150.	.00	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below"	is checke	?d)	*			
	None of the below Coordinated with reimbursement sought (joint expenditure)	re) 🚺 Indepe	andent			i		
	Coordinated with reimbursement sought (in-kind contract)			a O i	3 <b>О</b> с <b>О</b> в			
Name of Payee		Organi	Zation	Date of F		Method of	Payment:	
Mpression Marke	eting Group			7/21/	19	O Check # 1005		
Street Address	- 5	Cit		,,,		O Debit		
		City				State	Zip Code	
1 Town Line Road	Town Line Road Plainville					CT	06062	
Purpose of Expenditure	Description		Event #	#			Amount	
(by code) A-OTH	Palm Cards					£170.00		
Evenanditure #						\$170.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" i	is checked	d)				
	<ul> <li>None of the below</li> <li>Coordinated with reimbursement sought (joint expenditure)</li> </ul>	e) 🚺 Indepe	endent					
	Coordinated with reinhoursement sought (in-kind contr.		zation ()	л <b>О</b> в	Oc Op			
Name of Payee		O O I Guillion		Date of P		Method of	Payment:	
Mpression Marke	ting Group			7/21/	19	Check	k #_1006	
					O Debit			
Street Address		City				State	Zip Code	
1 Town Line Road	1	Plainville				CT	06062	
Purpose of Expenditure	Description		Event #	#	M		Amount	
(by code) A-SIGN	18x24 Design					\$42.50		
Expenditure #	Type of Even editive (Itamiration in Addandum D. Danning of	wless "Nove of the heless"	in absolu	a all \		ر.24	O	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below	niess None of the betow	is checke	euj				
	Coordinated with reimbursement sought (joint expenditu	re) 🚺 Indep	endent					
	Coordinated without reimbursement sought (in-kind cont	<u> </u>		) A (O :	вОсОр			
Name of Payee				Date of I		Method of		
Mpression Marke	eting Group			7/21/	′19		k # 1007	
Street Address		City			•	O Debit	Card EFT Zip Code	
	1	*			×.	State	1	
1 Town Line Road	<b>.</b>	Plainville				CT	06062	
Purpose of Expenditure	Description		Event #	#			Amount	
(by code) WEB	Website					\$464.	25	
Expenditure #				-		3 <del>404</del> .	.23	
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below"	is checke	rd)				
	None of the below Coordinated with reimbursement sought (joint expenditure)	e) 🚺 Indepe	andent					
	Coordinated with reimbursement sought (in-kind control	· • • • • • • • • • • • • • • • • • • •		м <b>О</b> г	3 Oc O D			
		SUBTOTAL Section P	7		\$826.75	<u> </u>		
Sobjection 1 — This rage \$820.75							· · · · · · · · · · · · · · · · · · ·	
	To	TAL of additional Sec	tion P P	ages	\$4,022.18			
	TOTAL OF ALL EXPE	NSES PAID BY CO 219, Column A of Summa			\$4,848.93			
	(Districtions of Distriction		y a uge 1					

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## Section P. ADDITIONAL PAGE 1\_\_\_\_ of 4\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
Dante for Bristol					October 10 Filing			
	P. Expenses	Paid by Co	ommittee					
Name of Payee					Date of Payment	Method of P		
Mpression Marke	ting Group				07/21/2019	Check Debit		
Street Address		City				State	Zip Code	
1 Town Line Road		Plainville				ст	06062	
Purpose of Expenditure (by code)	Description			Event #	<del>!</del>		Amount	
WEB	Social Media Setup					\$135.00	0	
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization  OR  OR  OR  OR  OR  OR  OR  OR  OR  O					<b>4</b> .55.0		
Name of Payee					Date of Payment	Method of Payment:		
Mpression Market	ting Group				07/21/2019	Check # 1009 Debit Card DEFT		
Street Address		City		L		State	Zip Code	
1 Town Line Road		Plainville				СТ	06062	
Purpose of Expenditure (by code)	Description			Event #	<b>!</b>		Amount	
WEB	Social Media - Facebook					\$150.00		
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)								
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C C D								
Name of Payee					Date of Payment	Method of P	•	
Premier Graphics LLC 07/21/2019					Check	_		
Street Address		City				State	Zip Code	
860 Honeyspot R	d #1	Stratford				CT	06615	
Purpose of Expenditure (by code)	Description			Event #	<b>#</b>	Amount		
A-OTH	Palm Cards					\$670.0	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of	the below" is	checke	ed)	30,0.0		
(у аррисаоле)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re)	O Indepen		DA OB OC OD			
Name of Payee					Date of Payment	Method of F	•	
Diane Baral					07/27/2019	Check		
Street Address	Angelia de la companya de la company	City				State	Zip Code	
388 Broad Street		Bristol				ст	06010	
Purpose of Expenditure (by code)	Description			Event	#		Amount	
FNDR	Marilyn's Pub Fundraiser			2		\$821.2	8	
Expenditure # (if applicable)								
V (f)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD							
	<u>s</u>	SUBTOTAL :	Section P —	- This	Page \$1,776.28			

### Section P. ADDITIONAL PAGE 2 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
Dante for Bristol						Octo	ber 10 Filing		
	P. Expe	enses ]	Paid by C	ommittee					
Name of Payee  Dave Rackliffe							Payment 7/2019	Method of I Check	# 1012
Street Address			City					State	Zip Code
730 Lake Avenue			Bristol					СТ	06010
Purpose of Expenditure (by code)	Description				Event #				Amount
FOOD	Food							\$93.00	
Expenditure # (if applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Name of Pavee  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B C D  Date of Payment									
,	Name of Payee Date of Payment Capital Promotions, Inc. 09/11/2019					Method of Payment:  Check # 1013  Debit Card  EFT			
Street Address			City		L			State	Zip Code
2362 Oakdale Ave	362 Oakdale Avenue Glenside			PA	19038				
Purpose of Expenditure (by code)	Description				Event #			-	Amount
A-SIGN	Yard Signs					\$460.00			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B C C D						3 <b>0</b> c <b>0</b> d			
Name of Payee					I	Date of I	Payment	Method of P	-
Bob Stefanowski		-				09/2	4/2019	Check Debit	
Street Address			City	——————————————————————————————————————			74.741	State	Zip Code
1046 Boston Post	Rd ·		Madison					CT	06443
Purpose of Expenditure (by code)	Description				Event #				Amount
REF	Refund - Capped at \$1,000							\$60.00	<b>1</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Requirement Sought (Joint ex Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	late or cor	mmittee)	Independent	ndent		в Ос Ор	300.00	,
Name of Payee					1	Date of	Payment	Method of F	•
Donald Gregorie						09/24	1/2019	Check Debit	
Street Address			City					State	Zip Code
180 Martin Rd			Bristol	·				СТ	06010
Purpose of Expenditure (by code)	Description				Event #				Amount
REF	Cash over \$100							\$50.00	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B OC OD					в Ос Ор	<b>430.00</b>			
		SI	UBTOTAL	Section P —	– This F	Page	\$663.00		
									-

### Section P. ADDITIONAL PAGE 3\_\_\_ of 4\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dante for Bristol				October 10 Filing			
	P. Expenses	Paid by Comm	ittee				
Name of Payee			*	Date of Payment	Method of F	-	
Matthew Zurell				09/24/2019	_	# <u>1016</u>	
Street Address		City			O Debit of State	Card OEFT Zip Code	
299 Brook Street		Bristol			СТ	06010	
Purpose of Expenditure (by code)	Description	-	Event	#		Amount	
REF	Cash over \$100					_	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the belo	ow" is checke		\$100.0	0	
(if applicable)	None of the below (does not involve another candidate or cor	-		•			
Coordinated with reimbursement sought (joint expenditure)  Of the coordinated with our principle of the coordinated with an expenditure of the coordinated with an expenditure of the coordinated with a coordinated with reimbursement sought (joint expenditure)  Of the coordinated with reimbursement sought (joint expenditure)							
Name of Payee	Coordinated without reimbursement sought (in-kind contri	(bution) Or	ganization	Date of Payment	Method of P	Payment.	
Mpression Market	ting Group			09/27/2019	© Check	•	
	and droup			09/2//2019	O Debit (	Card OEFT	
Street Address		City			State	Zip Code	
1 Town Line Road	pad Plainville				СТ	06062	
Purpose of Expenditure	Description	cription Event #					
(by code) A-WEB	B Social Media Advertising					tor 00	
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					\$85.00		
(if applicable)  None of the below (does not involve another candidate or committee)							
Coordinated with reimbursement sought (joint expenditure)  Independent							
Name of Payee	Coordinated without reimbursement sought (in-kind contri	bution) Or	ganization	A OBOC OD  Date of Payment	Method of P		
						'ayment: #_1018	
Mpression Marketing Group 09/27/2019					O Debit (		
Street Address		City			State	Zip Code	
1 Town Line Road	I	Plainville			СТ	06062	
Purpose of Expenditure (by code)	Description		Event	#	Amount		
A-WEB	Website Advertising						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the bel	low" is check	ed)	\$21.25	•	
(if applicable)	None of the below (does not involve another candidate or co	-					
	Coordinated with reimbursement sought (joint expenditure	re) O In	ndependent				
Name of Payee	Coordinated without reimbursement sought (in-kind control	ribution) Oo	rganization.	Da OB OC OD  Date of Payment	laca a cr		
·					Method of P  Check	•	
George Betts				09/30/2019	O Debit (	Card OEFT	
Street Address		City			State	Zip Code	
1924 Perkins Stre	et	Bristol			СТ	06010	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
MISC	Postcards				\$85.02		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							
(if applicable)  None of the below (does not involve another candidate or committee)							
Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization  Organization  Organization							
	Coordinated without reinhoursement sought (in-kind contri	bution) Or	ganization	DA OB OC OD	L		
SUBTOTAL Section P — This Page \$291.27							
	A Contraction of the Contraction						

### Section P. ADDITIONAL PAGE 4\_\_\_ of 4\_\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Dante for Bristol					October 10 Filing			
	P. Expenses	Paid by C	Committee					
Name of Payee					Date of Payment	Method of	-	
Better Half Brewi	ng				09/30/2019	© Check		
Street Address		City				O Debit State	Card OEFT Zip Code	
59 N Main Street		Bristol				СТ	06010	
Purpose of Expenditure	Description			Event 7	¥		Amount	
(by code) FNDR	Meet and Greet with Dante			3			_	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	ıless "None o	f the below" is a	checke	d)	\$523.0	0	
(if applicable)	None of the below (does not involve another candidate or con	-	,		-7			
	Coordinated with reimbursement sought (joint expenditur	re)	Independ					
Name of Payee	Coordinated without reimbursement sought (in-kind contr	ibution)	Organizat		A OB OC OD  Date of Payment	Method of I	Pormant:	
					•	© Check	•	
Jeff Morgan					09/30/2019	O Debit	_	
Street Address		City			-	State	Zip Code	
403 Witches Rock	Road	Bristol				СТ	06010	
Purpose of Expenditure	Description	1		Event #	ŧ		Amount	
(by code) A-OTH	Shirts and Polos					\$495.59		
Expenditure #	enditure # True of Event lives (Itanianties in Addardon P. Penning unless "None of the below" is about all						59	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)								
Coordinated with reimbursement sought (joint expenditure) Independent								
	Coordinated without reimbursement sought (in-kind contri	ibution)	Organizati		A O B O C O D			
Name of Payee					Date of Payment	Method of I Check	-	
Dave Rackliffe 9/30/19					O Debit			
Street Address		City				State	Zip Code	
730 Lake Avenue		Bristol				СТ	06010	
Purpose of Expenditure (by code)	Description			Event #	ŧ	Amount		
A-OTH	Campaign Buttons					44-7-04		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None o	of the below" is	checke	rd)	\$177	34	
(if applicable)	None of the below (does not involve another candidate or co	ommittee)	-					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	,	O Independ	_				
Name of Payee	Coordinated without reinioursement sought (in-kind cont	ribution)	Organiza Organiza	tion.	Date of Payment	Method of I	)	
•					•	O Check		
Anedot					09/30/2019	O Debit		
Street Address		City				State	Zip Code	
1920 McKinney A		Dallas			/	TX	75201	
Purpose of Expenditure (by code)	Description			Event #	#		Amount	
BNK	Transaction Fees					\$95.70		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	ıless "None o	f the below" is a	checke	d)	1 \$55.70		
None of the below (does not involve another candidate or committee)								
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD								
	G = 5-2-1-1-1		Urganizat	ion.	A UB UC UD			
	$\{ \{ i,j\} \}$ is the $\{ i,j\}$ in $\{ i,j\}$ . In $\{ i,j\}$	UBTOTAL	Section P —	This	Page \$1,291.63			
							· · · · · · · · · · · · · · · · · · ·	

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
Dante for Bristol				Octo	ber 10 Filing	3			
	Q. Campaign	<b>Expenses Paid </b> l	by Candidate	е					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of	Payment	Is reim	oursement claimed?		
						0	Yes O No		
Street Address		City		<u> </u>		State	Zip Code		
Purpose of Expenditure	Description		Event	#			 Amount		
(by code)	Besonption		Bvoin	. "			Amount		
	<u> </u>								
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of	Payment	Is reiml	oursement claimed?		
							Yes 🔘 No		
Street Address		City		1		State	Zip Code		
Purpose of Expenditure	Description		Event	:#		-	Amount		
(by code)							7 <b>111101111</b>		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of	Payment	Is reiml	oursement claimed?		
						0	Yes 🔘 No		
Street Address	1	City			-	State	Zip Code		
Purpose of Expenditure	Description Event #					Amount			
(by code)									
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payment					Is reiml	oursement claimed?			
							Yes 🔘 No		
Street Address		City				State	Zip Code		
Purpose of Expenditure	Description		Event	vent #			Amount		
(by code)									
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of	Payment	Is reimb	Is reimbursement claimed?		
							Yes 🔘 No		
Street Address		City				State	Zip Code		
Purpose of Expenditure	Description		Event	#			Amount		
(by code)									
				7		_			
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)			Date of	Payment	Is reimb	oursement claimed?		
						0	Yes 🔘 No		
Street Address		City				State	Zip Code		
Purpose of Expenditure	Description	L	Event	#			 Amount		
(by code)									
		SUBTOTAL S	ection Q — Thi	s Page	\$0.00				
		TOTAL	16		40.55	<u> </u>			
		TOTAL of addition	onal Section Q	rages	\$0.00				
	TOTAL OF ALL (Enter total)	EXPENSES PAII on Line 26, Column A			\$0.00				
			, ,						

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TY				TYPI	TYPE OF REPORT			
Dante for Bristol				Octo	ober 10 Filing			
	R. Expenses Incurre	d on Com	mittee Cre	dit Card				
Name of Issuing Instit	ution	Type of Cred	it Card:					
		O Visa	Master Ca	ard <b>O</b> Dis	cover <b>O</b> America	n Express	Other:	
Name of Vendor, Person o	r Entity					Date of Tra	ansaction	
Street Address		City		,		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		·	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	ture)	Independence	ndent	Эв Ос Ор			
Name of Vendor, Person of	Entity					Date of Tra	ansaction	
Street Address	1-34	City				State	Zip Code	
Purpose of Expenditure (by code)	Description		****	Event #	- 14		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture)	Independent	ndent	Эв Ос Ор			
Name of Vendor, Person or	Entity					Date of Tra	ansaction	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #	1.7/		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	ture)	Independence	ndent	Эв Ос Ор			
	SU	BTOTAL S	ection R — T	his Page	\$0.00			
TOTAL of additional Section R Pages \$0.00					\$0.00			
то	TAL OF ALL EXPENSES INCURRED ON ( (Enter total on Line				\$0.00			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF	REPORT			
Dante for Bristol			Octobe	er 10 Filing			
	S. Expenses Incurred by Com	mittee but Not Paid	During this l	Period			
Name of Creditor					Date Incur	ed	
Carmen Bligh					07/11/	2019	
Street Address		City			State	Zip Code	
21 Aspen Rise		East Granby			ст	06026	
Purpose of Expenditure (by code) POST	Description Postage - Mailing July 10 Forms		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: OR				99		
Name of Creditor					Date Incurr	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		1	ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe	·	Ос Ор			
Name of Creditor					Date Incurr	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe	•	C OD			
		SUBTOTAL Section	S-This Page	\$11.99			
	Ţ	OTAL of additional Sec	tion S Pages	\$0.00			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summo		\$11.99			
	Previously reported Exp	enses Unpaid and still O	utstanding	\$0.00			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU	the second secon	\$11.99			

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Repositor	(ענו		TYPE O	TYPE OF REPORT			
Dante for Bristol				Octobe	er 10 Filing			
	T. Itemization of Reiml	bursements and	l Secondar	v Pavees				
Last Name of Worker/Cons		First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			repo	nent to Reimburse rted in Section P: Check #	Committee Worker/Consultant as  Debit Card		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State Zip Code		
Purpose of Expenditure (by code)	Description		Ever	nt#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditure)	Independent		Восор			
Last Name of Worker/Cons	ultant	First			MI	Date of Payment to Vendor, Person or Entity		
rep					syment to Reimburse Committee Worker/Consultant as ported in Section P:  Check # Debit Card DEFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State Zip Code		
Purpose of Expenditure (by code)	Description		Ever	nt #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir  None of the below  Coordinated with reimbursement sought (joint expe	· ·			ОО			
Last Name of Worker/Cons	ultant	First		,	МІ	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			repo	ayment to Reimburse Committee Worker/Consultant as ported in Section P:  Check # Debit Card DEFT			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<b>.</b>		State Zip Code		
Purpose of Expenditure (by code)	Description		Ever	nt #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind	nditure)	Independen	O O	O O O			
		SUBTOTAL Se	ction T — Th	is Page	\$0.00			
		TOTAL of addition	onal Section	Γ Pages	\$0.00			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS ANI	CONSUL	ΓANTS	\$0.00			
				-				